## Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

0134

Date:	2-11-2014	Address:	1520 N H St
Incident #:	14ISPC001105		Elwood IN 46036
County:	Madison		
Type of Lab	oratory Seizure (check one)	Seizure Location (	(check all that apply)
<ul><li>☑ Operational Lab</li><li>☐ Chemical/Glassware/Equipment (only)</li><li>☐ Dumpsite (only)</li></ul>		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all that	: Location (bedroom, kitchen, open air, en apply) r Birch Reaction(s): outside trash	te)	
Red Phosp	phorous/Iodine Reaction(s):		
	oric Acid Gas Generator(s): outside tra	u <u>sh</u>	
⊠ Flammabl	e Solvents: <u>upstairs bedroom</u>		
⊠ Water Rea	ctive Metal (Lithium): outside trash		
Anhydrou	s Ammonia:		
☐ Corrosive	Acid:		
☐ Corrosive	Base:		
Other (iter	n and location):		
Vehicle Infor	mation:		
Owner: VIN: Year:		Make: Model:	·
$\boxtimes$ Yes $\underline{5}$ (nu $\square$ No	nge 18 discovered (check appropriate) mber present) ot present but evidence they reside	unclean Estimated len occurring: <u>6 r</u>	ions of home:  clean  disarray gth of time manufacturing had been nonths formation:
This report h	as been faxed* or emailed to the foll	owing agencies tha	t serve the location:
Health Depart	nt City, Township or County <u>Elwood</u> ment County: <u>Madison Co HD</u> Child Services Hotline: <u>dcshotlinerep</u>	Fax: (765) 6	
	mation regarding this methamphetami ficer: Jason Brizendine Phone		act

<sup>\*</sup>This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.